

A COMPREHENSIVE OFFENDER MANAGEMENT MODEL for COMMUNITY CORRECTIONS in NORTH CAROLINA

INTRODUCTION

Crime and criminal justice issues are “hot topics” for public policy debates even though the data shows a downward trend since the mid-1990s. During this time, however, the national response has been to increase the number of police on the streets, increase the number of prison beds available, and increase sentence lengths for certain types of crimes. By year-end 1996, there were 5.5 million people on probation, in jail or prison, or on parole -- approximately 2.8% of all U.S. adult residents. Despite this downward trend in crime statistics, the US continues to be a world leader in the number of people involved in the criminal justice system.

TRENDS IN CRIMINAL JUSTICE

Concurrent with the explosion of the correctional population, rehabilitation efforts are enjoying new life within the criminal justice system. The focus has shifted to identifying more effective methods of dealing with offenders whether they are incarcerated or supervised on probation or parole. In fact there is clear evidence that “some things do work” and that there are specific and identifiable characteristics of effective interventions for both programs and offenders. Moreover, there is specific information about “what works and why” and guidance as to how correctional agencies can incorporate these principles into the procedures, policies, and practices of agency personnel. In order to achieve desired results, the research findings on effective rehabilitative programs and treatment services must permeate all aspects of the design, development, and implementation of a sanction/program.

What are the principles of effective interventions with offenders? First, we must consider the **Risk Principle**, which simply states that higher levels of service should be reserved for higher risk offenders. Through comprehensive assessment, we need to identify an offender’s risk based on known predictors of future criminal behavior. In other words, effective correctional interventions must consider the appropriate dosage for an offender if future criminal behavior is to be averted.

The second principle is the **Need Principle**, which says that effective interventions must address the criminogenic needs of an offender. Examples of these needs include antisocial attitudes, values, beliefs and personality characteristics. These crime-producing factors must be the primary target of any service. Therefore, to categorize need means to determine the range of targets linked to criminal behavior that the offender exhibits.

Finally, we must consider the **Responsivity Principle** which states that effective interventions match an offender’s characteristics with the clinician’s characteristics; match an offender’s

learning style with service delivery (or treatment approach); and match an offender's skills with the type of service. In other words, interventions must match the offenders to the clinicians and match offenders to the treatment approach to increase the likelihood that the intervention will have the desired effect.

TRENDS IN PUBLIC HEALTH CARE

The debate about managed care dominates the national discourse on the public health care system. Managed care is impacting public resources, especially those available to the justice community. Research clearly demonstrates a link between criminal behavior and substance abuse. Therefore, substance abuse treatment has become one of the primary rehabilitation activities in which offenders are engaged.

The public health care system is the main treatment provider for offenders under community supervision. Managed care, however, has reduced funding for public treatment, thereby reducing access and availability of treatment to criminal offenders in the community. As a result, fewer offenders are receiving substance abuse treatment, which adversely affects the criminal justice system's ability to manage behavior in the community. Furthermore, research shows that addressing one problem without addressing the other is not an effective way to solve either problem. Dr. Faye Taxman (*Corrections Today*, October 1998) presents twelve (12) observations that should be considered to resolve this dilemma:

- Recidivism reduction should be the goal of treatment services;
- Treatment and criminal justice system characteristics must be policy driven;
- Treatment and criminal justice system must function as a team;
- Drug testing is used to manage offenders;
- Target offenders for treatment where treatment can work;
- Use treatment-matching practices;
- Obtain results by extending the length of time in treatment;
- Allow behavioral contracts to bind the offender, the treatment system, and the criminal justice system;
- Designate special agents for supervising offenders in treatment programs;
- Sanction non-compliant behavior;
- Reward positive behavior; and
- Focus on quality, not quantity.

Dr. Taxman outlines a system of care that embodies the principles of an integrated service delivery system in which criminal justice and treatment systems share decision making at critical junctures. Systemic policy and practices ensure the delivery of treatment to all parts of the justice community and ensures the continuity of care for offenders receiving these services.

PROJECT OVERVIEW

Understanding these research findings and being mindful of community corrections' resources, we can develop a comprehensive offender management model that protects public safety while addressing the criminogenic needs of offenders. Currently, the North Carolina Division of Community Corrections, the North Carolina Criminal Justice Partnership Program and the North Carolina Treatment Alternatives to Street Crime Network are the primary resources involved in community corrections. The Division of Alcoholism and Chemical Dependency Programs (DACDP) and Division of Prisons (DOP) impact community corrections through the release of offenders who have received services while in custody. The purpose of a comprehensive offender management model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders.

Probation Services is legislatively mandated to supervise offenders on probation with “a suspended sentence of imprisonment contingent on the observance of conditions set by the court, the violation of which empowers the court to revoke the suspension and activate the prison or jail sentence” (Clarke, 1997). The conditions of probation are set by the court to assist an offender with rehabilitation and leading a law-abiding life. To this end, DCC implemented a Community Corrections strategy that emphasizes the balance of control and treatment through a graduated continuum of restrictive community sanctions.

The ***Criminal Justice Partnership Program*** (CJPP) enhances probation by adding community-based sanctions and services for offenders receiving non-incarcerative sentences. The goals of community-based corrections programs funded by CJPP include reducing recidivism, reducing probation revocations, reducing alcoholism and other drug dependencies, and reducing the cost of incarceration. These programs render or refer offenders to substance abuse services, employment/job skills training, and educational services.

Treatment Alternatives to Street Crime's (TASC) role and function are to assess for substance abuse and screen for mental health problems; to match offenders to appropriate treatment interventions; and to monitor and report on all treatment progress for eligible clients. The criminal justice system maintains primary responsibility for referral to TASC for assessment. Eligible clients include individuals involved in the adult criminal justice system, individuals voluntarily consenting to participate, individuals with a history or potential substance abuse problem or mental health problem, and individuals charged with a drug-related offense.

The ***Division of Alcoholism and Chemical Dependency Programs'*** (DACDP) role is to develop and implement programs that provide appropriate treatment for offenders with alcohol and chemical dependency problems.

The ***Division of Prisons'*** (DOP) primary objective is public safety. The secure prisons that restrict and limit the freedom of inmates accomplish that goal. Furthermore, DOP is responsible for custody, supervision and treatment of criminal offenders with the intention of controlling and rehabilitating them thereby reducing the rate and cost associated with crime and delinquency.

THE NORTH CAROLINA OFFENDER MANAGEMENT MODEL (OMM)

MISSION STATEMENT

The Offender Management Model (OMM) is a joint effort between the Department of Correction (DOC), Division of Community Corrections (DCC), Division of Alcoholism and Chemical Dependency Programs (DACDP) and Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), Treatment Alternatives to Street Crime (TASC). OMM embodies the partnership between these agencies. DCC and TASC are committed to providing treatment and control for high risk/high need offenders under supervision in the community. Utilizing principles of effective interventions, this partnership between the DOC and DHHS, will promote consistent matching of treatment and supervision levels for quality offender management.

With DCC, CJPP, and TASC available under the community corrections umbrella and a structured link with DACDP and DOP for transitioning offenders, the Offender Management Model (OMM), as described in the Appendices, presents a systemic model for screening and assessing offenders, matching them to the appropriate intervention(s) and managing their case plans. Utilizing the principles of effective interventions, we can reasonably assert that the OMM will be successful in modifying offender behavior. The **objectives** of the OMM are:

- **To create a seamless system of care for the provision of services to offenders;**
- **To clarify roles in providing control and treatment;**
- **To reduce the rate of revocation for technical and drug violations;**
- **To combine efforts to combat limited resources and prevent duplication;**
- **To provide cognitive behavioral interventions;**
- **To develop an integrated information system; and**
- **To ensure Probation, CJPP, DACDP, DOP and TASC staff are prepared to function in accordance the OMM.**

The target population for the OMM is primarily Intermediate Punishment offenders. However, Community Punishment violators (at-risk for revocation), Residential Community Corrections graduates, and Post-Releasees who have completed a treatment program will also be eligible for this model. Offenders meeting the eligibility criteria will be screened and assessed by TASC using standardized instruments that focus on criminogenic need, substance abuse, and other ancillary needs (such as housing, educational achievement, and employment skills). Through the assessment and screening process, the offender's needs will be prioritized in the case plan for service delivery.

Once the assessment and screening phase is complete, the individual case planning process will begin. A common case plan will be developed with relevant Probation Officers, TASC Care Managers, CJPP staff and offenders. This team-initiated, common case plan supports a seamless

system and further reinforces the attempt to institutionalize collaboration and coordination into a process of practical application. An offender's case plan will include the elements of treatment and control necessary to ensure compliance in both areas. Cognitive behavioral interventions will be used widely in this model to assist with skill building and cognitive restructuring. Research shows that targeting antisocial attitudes, values and beliefs utilizing cognitive behavioral interventions result in reductions in recidivism.

In addition, the model will monitor and track numerous shared outcomes. The criminal justice and public health care systems must embrace stated goals of reducing recidivism and controlling criminal behavior to sustain the OMM's focus on outcomes. The common emphasis on reducing recidivism brings the two systems into alignment, and requires each to rethink operations and priorities based on mutual goals. Furthermore, the team approach helps to maximize resources and make reallocation decisions apparent. Each entity will assist in monitoring the offender's progress through regularly scheduled case staffings. Probation, TASC, and CJPP staff will share information and make referrals regarding sanctions and treatment/service needs to existing community-based service providers.

Memoranda of understanding (MOU) will operationalize these policies on both a state and local level. These MOUs will provide guidance to and help assure continuity of service delivery on the part of staff.